

PROGRAMS, PRACTICES, PEOPLE

Grants Assist Community Projects Focused on Teenaged Pregnancy

Secretary of Health and Human Services Louis W. Sullivan, MD, recently announced grants awards for 11 new demonstration projects designed to provide innovative approaches to the problems of teenaged pregnancies and premarital sexual activity.

"Unwed teen pregnancy can be devastating for young women, young men, and their families," Dr. Sullivan said. "These projects have a strong commitment to the family and are designed to address the underlying problems that lead adolescents into early sexual activity and out-of-wedlock pregnancy."

Funded under the Adolescent Family Life Program (AFL), the projects emphasize the importance of family involvement in the delivery of services. The projects promote adolescent premarital abstinence and encourage adoption as a positive option for unmarried, pregnant teenagers. Services provided under the projects include pre- and postnatal care, continuing education, and social services for pregnant and parenting teenagers and value-based prevention services stressing teen-parent communication and the development of skills to resist peer pressure.

Dr. Sullivan said that prevention projects funded under AFL provide strong reasons to delay sexual activity. "They affirm the dignity of teens and their ability to make choices that will help them toward a brighter future," he said.

In addition to the newly funded projects, AFL supports 55 care and prevention demonstration sites in 25 States, the District of Columbia, the U.S. Virgin Islands, and Puerto Rico.

Among the innovative approaches represented in the new projects are

- **Facts and Feelings: Families and Children Talk about Sex and Feelings**, Utah State University, Logan. Using the premise that sexual intercourse is a behavior most parents want their children to avoid, this project will use the Cooperative Extension Service network to reach families of pre- and early-adolescent children. Through the

use of home video and print materials, the project will help parents communicate with their children about choosing sexual abstinence while they are unmarried adolescents. The project has a strong evaluation component designed to test the prevention approach of the AFL.

- **Parent/Child Center**, Middlebury, VT. A new component of an existing comprehensive care project, DADs (Diapers, Autos, Daughters and Sons) will work with young fathers to help them become more involved in the rearing of their children and more able to support their families. The project staff members will work with the fathers of pregnant and parenting girls to help families become more supportive of their children and grandchildren. The Parent/Child Center has been serving pregnant and parenting adolescents and their families for several years.

- **Mary's Center for Maternal and Child Care**, Washington, DC, is a bilingual maternal and pediatric clinic serving low-income Hispanic families in a cluster of inner city neighborhoods where the infant mortality rate is one of the nation's highest. The grant will help provide intensive, family-focused support for a target group of 30 adolescents. In addition to comprehensive maternal and pediatric care, the project will provide parenting skills and supportive services, including a mentoring program called "First Friends." The project will work with the parents of teen mothers in parent workshop and support groups, with the objective of reducing future adolescent pregnancies and other high risk behaviors and increasing the consideration of adoption.

- **San Diego Sibling Abstinence Promotion Project**, San Diego, CA, will promote strong family values and abstinence in a high risk population by focusing on the younger sisters of pregnant teenagers. The project will work to broaden the knowledge base of mothers and younger daughters about the negative consequences of premature sexuality and encourage increased mother-daughter communication.

The grantee organizations are

California: University of California, San Diego, La Jolla
District of Columbia: Mary's Center for Maternal and Child Care
Illinois: Catholic Charities of Chicago, Chicago, IL
Louisiana: Covenant House of New Orleans, New Orleans
Oregon: Northwest Natural Family Planning Services, Inc., Portland;
Oregon 4-H Foundation, Corvallis
Utah: Utah State University, Logan
Vermont: Parent/Child Center, Middlebury
Washington: King County Department of Human Resources, Seattle
Wisconsin: Kenosha County Health Department, Kenosha; Rosalie Manor, Inc., Milwaukee

Community-Based AIDS Treatment Research Centers to be Established

Secretary of Health and Human Services Louis W. Sullivan, MD, has announced a program for research on the treatment of acquired immunodeficiency syndrome (AIDS) within communities where people with AIDS live and receive their medical care.

The 18 Community Programs for Clinical Research on AIDS will receive a total of \$9 million from the National Institute of Allergy and Infectious Diseases, National Institutes of Health (NIH). The programs will enlist community-based physicians and their patients in studies of AIDS drugs in 14 cities where the impact of the AIDS epidemic is severe.

"These new programs are especially important because they will provide the opportunity to serve many people who, until now, have not been included in clinical trials of promising experimental AIDS therapies," Dr. Sullivan said. "The programs will reach out to blacks, Hispanics, women, and intravenous drug users infected by the AIDS virus."

The community research programs are under the direction of Anthony S. Fauci, MD, Director of the National Institute of Allergy and Infectious Diseases, and Associate Director for AIDS research at NIH.

"Through these new Community Programs for Clinical Research on AIDS, we can take advantage of the extraordinary expertise of doctors in private practice, in community clinics, and at large, inner-city hospitals," Dr. Fauci said. "These doctors are on the front lines of the AIDS epidemic, and are involved in the day-to-day management of people infected with the AIDS virus. We expect these new programs to add greatly to the knowledge we are already gaining from our large, university-based AIDS clinical trials network."

Until now, federally funded clinical trials of experimental AIDS therapies have been conducted by investigators at NIH or at the 46 university-based research hospitals that make up NIH's nationwide Aids Clinical Trials Group. Studies conducted by the community programs will complement the academic clinical trials and must meet similar scientific standards. Protocols will be developed by the community-based participants with assistance from NIH.

James O. Mason, MD, Assistant Secretary for Health, said, "For a number of reasons, many people with AIDS may never volunteer to participate in research studies conducted at large medical centers. These community programs are a way of taking research to the people, and, in this way, involving those who might otherwise have no access to the best AIDS therapies that medicine can offer."

Contracts for the Community Programs for Clinical Research on AIDS have been awarded to groups of health care providers who serve large numbers of persons who are infected with the AIDS virus, and who have varying degrees of expertise in conducting research. NIH will provide participants with technical assistance in such areas as epidemiology, biostatistics, and pharmacology, and will provide training in data management, ensuring patient compliance practices, followup procedures, and other methodology necessary to the success of the studies.

Awards to organizations of investigators with limited previous clinical research experience were made to:

Addiction Research and Treatment Corporation, Brooklyn, NY, Lawrence Brown, MD

Atlanta AIDS Research Consortium, Atlanta, GA, Melanie Thompson, MD

Chicago Community Program for Clinical

Research on AIDS, Chicago, IL, Roberta Luskin, MD

Clinical Directors Network of Region II, Bronx and Brooklyn, NY, and Newark, NJ, Pascal de Capraris, MD

Comprehensive AIDS Alliance of Detroit, Detroit, MI, Lawrence Crane, MD

Delaware Community Program for Clinical Research on AIDS, Dover, DE, William Holloway, MD

Harlem AIDS Treatment Group, New York, NY, Wafaa El-Sadr, MD

Hill Health Center, New Haven, CT, Si-Hoi Lam, MD

Louisiana Community Program for Clinical Research on AIDS, New Orleans-Baton Rouge, LA, C. Lynn Besch, MD

North Jersey AIDS Alliance, Newark, NJ, George Perez, MD

Phoenix Shanti Group, Phoenix, AZ, Charles S Kaplan, MS

Awards to organizations already capable of conducting clinical research were made to

Bronx Lebanon Hospital, Bronx, NY, Jerome Ernst, MD

Denver Community Program for Clinical Research on AIDS, Denver, CO, David Cohn, MD

Henry Ford Hospital, Detroit, MI, Louis Saravolatz, MD

Research and Education Group, Oregon AIDS Task Force, Portland, OR, James Sampson, MD

Richmond AIDS Consortium, Richmond, VA, Thomas Kerkering, MD

San Francisco County Community Consortium, San Francisco, CA, Donald Abrams, MD

Veterans Administration Center, Washington, DC, Fred Gordin, MD

PHS Acts to Prevent and Investigate Misconduct in Scientific Research

Special offices set up in 1989 are strengthening the Public Health Service's (PHS) ability to prevent, detect, and investigate misconduct in scientific research supported or conducted by PHS.

The new offices provide a more centralized and systematic approach to investigations of possible misconduct and are developing and supporting programs to promote the responsible conduct of research. They are the Office of Scientific Integrity (OSI), in the Office of the Director, National

Institutes of Health (NIH), and the Office of Scientific Integrity Review (OSIR), in the Office of the Assistant Secretary for Health (OASH).

They reflect the PHS opinion that primary responsibility for inquiry and investigation of allegations of scientific misconduct lies within the institutions where the research is performed. This view was supported strongly in responses from the scientific community and professional and academic associations to a notice issued by the Department of Health and Human Services in September 1988.

Office of Scientific Integrity

OSI is administered jointly by NIH and the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA). OSI oversees the activities of awardee or applicant institutions in preventing, reporting, and investigating misconduct in science. Additionally, OSI conducts investigations of possible misconduct in science in the intramural research programs of PHS. In a case of an institution failing to conduct an adequate investigation, or for any reason not completing an investigation, OSI will perform its own investigation, assisted by panels of scientists and other experts as necessary.

OSI receives and reviews the annual assurances required from applicant and awardee institutions that they have established policies and procedures for conducting inquiries and investigations into allegations of misconduct in science. OSI also monitors the adequacy of those policies and procedures.

Office of Scientific Integrity Review

OSIR develops overall policies and procedures to guide PHS agency efforts related to misconduct in science, exercises oversight of their implementation, and promotes responsible conduct of biomedical and behavioral research.

OSIR develops and analyzes policies and procedures related to misconduct in PHS intramural and extramural research programs, maintains oversight of agency efforts involving scientific misconduct, reviews final reports of investigations of possible misconduct for adherence to PHS policies and procedures, recommends sanctions to the Assistant Secretary for Health if misconduct is found, and works with PHS agencies and the scientific com-

munity to address issues related to the responsible conduct of research.

Promoting Responsible Scientific Conduct

The development of prevention and education activities to promote the responsible conduct of research is a responsibility shared by OSIR, OSI, other Federal offices and agencies, outside organizations, associations, and all institutions with interests in and responsibilities for misconduct in science and its prevention.

OSIR and OSI work with each other and other components of PHS to develop policies and programs. In particular, the NIH Office of Extramural Research will continue to conduct activities for preventing scientific misconduct and enhancing responsible scientific practices. These offices also work with outside organizations sponsoring educational programs designed to ensure responsible scientific conduct. NIH and other PHS agencies with large intramural research programs are developing policies and procedures for preventing and investigating scientific misconduct.

PHS published its "Final Rule on Responsibilities of PHS Awardee and Applicant Institutions for Dealing with and Reporting Possible Misconduct in Science" on August 8, 1989. The rule applies to each organization that applies for or holds a research or research training grant or cooperative agreement under the Public Health Service Act.

Institutions subject to the rule are required to establish policies and procedures for reviewing, investigating, and reporting allegations of scientific misconduct. They are required to submit annual assurances to PHS that they have established appropriate policies and procedures, and to inform the Office of Scientific Integrity if an inquiry into an allegation leads to an investigation.

Institutions are required to provide PHS, on an annual basis, with summary information on the numbers of allegations received and inquiries or investigations conducted. This information is expected to be a valuable source of data to assess the extent of scientific misconduct.

Policy Development

A PHS Executive Committee on Scientific Integrity meets several times a

year to address policy issues and make decisions on adopting proposed PHS policies, guidelines, or regulations. The committee is chaired by the Assistant Secretary for Health and includes officials of NIH, ADAMHA, Centers for Disease Control, Food and Drug Administration, Health Resources and Services Administration, Office of the General Counsel, OSIR, and OSI.

An Advance Notice of Proposed Rulemaking (ANPRM), issued by the Department in September 1988, proposed the establishment of an advisory commission on scientific integrity issues. Responses from institutions, associations, and individuals were generally favorable to the proposal.

PHS policies and activities regarding scientific misconduct are guided by the recognition that good science is characterized by honest error. PHS policies are intended to take into account the positive features of scientific controversy, not confusing scientific error with misconduct, and not imposing burdens on science that would have a chilling effect on scientific progress.

PHS works cooperatively with the scientific community and organizations representing that community and its interests to promote the responsible conduct of science. To the extent that cooperative approaches are successful, the need for regulatory or legislative remedies are reduced, and the positive aspects of scientific freedom and creatively are fostered.

Inquiries may be addressed to NIH Office of Scientific Integrity, 9000 Rockville Pike, Bldg. 31, Room B1C39, Bethesda, MD 20892; tel. (301) 496-2624; fax (301) 402-0238. Suzanne W. Hadley, PhD, Acting Director.

OASH Office of Scientific Integrity Review, 5515 Security Lane, Suite 640, Rockville, MD 20852; tel. (301) 443-5300; fax (301) 443-5351. Lyle W. Bivens, PhD, Director.

—LYLE W. BIVENS, PhD, Director, Office of Scientific Integrity Review

Forum to Help Bring Public Health Training Closer to Public Health Practice

A forum of public health educators and representatives of public health agencies, to be convened by the Johns Hopkins University (JHU), Baltimore, MD, later in 1990, is directed toward helping public health training become

more relevant to current public health practices.

The forum program is supported by a \$246,000 contract awarded the university by the Health Resources and Services Administration (HRSA) through its Bureau of Health Professions and by the Centers for Disease Control.

JHU's School of Hygiene and Public Health will assemble educators and practitioners in working groups representing biostatistics and epidemiology, health services administration, environmental health, and the behavioral sciences. Each group will address curriculum changes, faculty activities, and student practicums. Recommendations will be made to public agencies as well as to schools of public health nationwide.

The project is in response to recommendations of a study, "The Future of Public Health" (1), published by the Institute of Medicine. The study group found that some schools of public health "have become somewhat isolated from public health practice," and advocated "firm practice links" with State and local agencies.

The forum's Advisory Committee is Chairman, Michael Gemmell, CAE, Executive Director, Association of Schools of Public Health; William McBeath, MD, MPH, Executive Director, American Public Health Association; H. Denman Scott, MD, MPH, President, Association of State and Territorial Health Officials; Martin Wasserman, MD, JD, President, National Association of County Health Officials; Lorna Wilson, RN, MS, MSPH, President, Association of State and Territorial Local Health Liaison Officials; and Frances Dunston, MD, MPH, President, U.S. Conference of Local Health Officers.

Work group chairpersons on the Advisory Committee are Paul J. Wiesner, MD, Director, DeKalb County (GA) Board of Health (health services administration work group chairperson); Mark W. Oberle, MD, MPH, Assistant Dean for Public Health Practice, School of Public Health and Community Medicine, University of Washington, Seattle (biostatistics and epidemiology work group chairperson); Melvin W. First, ScD, Professor, Department of Environmental Science and Physics, Harvard University School of Public Health (chairperson, environmental health work group); and James R. Sorenson, PhD, Professor and Chairman,

Department of Health Behavior and Health Education, University of North Carolina School of Public Health (chairman of the behavioral science work group).

Each work group has eight participants representing schools of public health and health agencies. Faculty members of 10 schools of public health and State and local health officials from 14 States serve on the groups. In addition to the formal members of the work groups, each group will have more than 40 participants involved in reviewing activities and recommending specific actions.

The JHU project director is Dr. Andrew Sorensen, Associate Dean, tel.: (301) 955-3348. The project manager is Ron Bialek, Director, Health Program Alliance, tel.: (301) 955-3660. The Federal agency project officer is B. Jerald McClendon, Deputy Chief, Public Health Professions Branch, Bureau of Health Professions, HRSA, tel.: (301) 443-6757. Dr. Arthur P. Liang is the Centers for Disease Control representative, tel.: (404) 639-1964.

—B. JERALD McCLENDON, MS, *Health Resources and Services Administration*

References.....

(1.) National Academy of Sciences, Institute of Medicine: *The Future of Public Health*. National Academy Press, Washington, DC, 1988.

HRSA Grants for Health Administration Training

Graduate programs and training in health administration nationwide will benefit from grants recently announced by the Health Resources and Services Administration, Public Health Service.

Thirty-three grants totaling nearly \$1.4 million were awarded to help support expansion or improvement of accredited graduate programs in health administration, hospital administration, or health policy analysis and planning. Traineeship grants totaling \$465,000 were awarded to 36 programs to assist graduate students. Institutions receiving grants are in Alabama, Arizona, California, Colorado, Florida, Georgia, Illinois, Indiana, Iowa, Massachusetts, Missouri, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Texas, Virginia, Washington, Wisconsin, and the District of Columbia.

Growing Numbers of Adolescents Lack Health Insurance, Study Shows

About one of seven adolescents, 4.6 million of those ages 10 to 18 years in the United States, were not covered by health insurance in 1987, according to the Congressional Office of Technology Assessment (OTA).

The proportion of adolescents uninsured grew by 25 percent from 1979 to 1986. About one-quarter of the growth in the proportion of adolescents who are uninsured is attributable to an increase in the proportion living in poverty, OTA said. Declines in the proportion of poor and near-poor adolescents covered either by Medicaid or by private health insurance account for the remainder of the increase. The decline in private health insurance coverage continued through 1986, despite the nation's economic improvement.

Adolescents are slightly more likely to be uninsured than either younger children or adults ages 25—54 years, the study showed. Those adolescents who are covered by health insurance are more than twice as likely as those 25—54 years old to be covered by Medicaid. Most adolescents live with their parents, and almost two out of three uninsured adolescents live with parents who also are uninsured. Thus, to a large extent, the problem of uninsured adolescents is the problem of uninsured parents, OTA said. Family income is the most important determinant of health insurance status for all age groups. But despite the strong relationship between low family incomes and the likelihood of being uninsured, not all the uninsured are poor.

Other demographic characteristics have fairly strong relationships with health insurance status. They include Hispanic ethnicity, parents' education, parental self-employment, and region. Hispanic adolescents are much more likely than others to be uninsured regardless of family income. At each income level, adolescents whose parents have little formal education are much more likely to be uninsured than adolescents whose parents have had more education. Almost 1 in 5 adolescents in the South and West is uninsured, and fewer than 1 in 10 adolescents in the Northeast and Midwest is without coverage. The regional variations are primarily caused by differences in income-specific rates of Med-

icaid and private health coverage.

Using data from the Bureau of the Census, OTA estimated the potential effects of legislation that Congress is considering in order to reduce the number of uninsured adolescents. There are two types of proposals, employer mandates and Medicaid expansion. Mandates require employers to offer group health insurance and to pay a significant portion of the premiums for all employees who work more than a certain number of hours a week. Expanding Medicaid requires relaxing categorical eligibility requirements or increasing income eligibility limits.

OTA estimated the effects of various levels of each mandate. If, for example, employees who worked 30 hours or more per week were included in an employer mandate, about 2.55 million uninsured adolescents, or 55 percent of all adolescents currently without health coverage, would become insured. If all households with family incomes below the poverty level were included in a Medicaid expansion, more than 40 percent of currently uninsured adolescents would be covered.

If an employer mandate and Medicaid expansion were combined, for example, and employers were required to cover all workers who worked 18 hours or more per week, and Medicaid covered all adolescents in families with incomes below 200 percent of the poverty level, only 323,000 of the 4.6 million adolescents now uninsured would remain uninsured, according to OTA. Most of the adolescents left out by this combination of an employer mandate and Medicaid expansion would be children of the self-employed.

The background paper is the first publication of an OTA assessment of adolescent health. The research was conducted by Richard Kronick, University of California at San Diego, with support from the Carnegie Corporation of New York and the Carnegie Council on Adolescent Development. OTA notes that some of the analyses are preliminary because some data are not available. An update is planned, but no substantial changes are expected.

Copies of "Adolescent Health Insurance Status: Analyses of Trends in Coverage and Preliminary Estimates of the Effects of an Employer Mandate and Medicaid Expansion on the Uninsured" are available from Superinten-

WHO Offers National Food Safety Program Guidelines

Illness resulting from consumption of contaminated food is perhaps the most widespread health problem, and an important cause of reduced economic productivity, according to the World Health Organization (WHO).

Contamination and adulteration of foods cause serious food losses and adversely affect trade and consumer confidence. Many countries are becoming increasingly aware of this situation and have established or are in the process of establishing and strengthening national programs in response to this challenge, notes the introduction to a recent WHO publication providing program evaluation guidance for national food safety officials.

"Evaluation of Programmes to Ensure Food Safety" presents guiding principles rather than precise rules on how to monitor and evaluate national programs to ensure food safety. One of the objectives of the 47-page guide is to create awareness among food safety and food control personnel that evaluation is an essential management tool which should be employed where possible to increase the contribution that food safety can make to improving health and development. The evaluation process is outlined and recommendations are made on interpretation of the results.

A chapter concerned with general concepts of evaluation discusses the rationale for evaluation and monitoring, the limitations of evaluation, items and factors to be assessed, and the selection of appropriate indicators and methodologic approaches.

Another new WHO publication describes procedures that can be used by national authorities to predict the population's dietary intake of pesticide residues, and their acceptability from a public health point of view. "Guidelines for Predicting Dietary Intake of Pesticide Residues," 24 pages, was prepared in collaboration with the Codex Committee on Pesticide Residues. The guidelines are in response to the need for a method to determine with reasonable assurance that the intakes of pesticide residues by different populations do not exceed safety limits. Methods for predicting the dietary in-

take of pesticide residues are discussed in terms of general considerations, indices of residue levels, and indices of food consumption, including those appropriate for use in predicting intake at international and national levels.

"Evaluation of Programmes to Ensure Food Safety," in English, is \$7.20, order no. 1150321. "Guidelines for Predicting Dietary Intake of Pesticide Residues," in English, is \$6.40, order no. 1150323. Available from WHO Publications Center USA, 49 Sheridan Ave., Albany, NY, 12210.

Digestive Diseases Statistics Now Available on New Subfile

Statistical, epidemiologic, and cost information about digestive diseases is now available on-line through a new subfile on the Combined Health Information Database (CHID). It is available to the public through BRS Information Technologies and BRS/Colleague.

CHID's digestive diseases subfile contains disease-specific information extracted from national surveys conducted by agencies such as the National Center for Health Statistics, Health Care Financing Administration, Centers for Disease Control, and the World Health Organization. Further, the subfile has summaries from conference proceedings, information about funded research projects from the National Institutes of Health, books, journal articles, statistical reports, and other hard-to-locate data sources and documents.

The subfile indexes information that has been reported since 1980; it is updated quarterly. This resource is especially valuable to physicians, epidemiologists, public health workers, medical librarians, and other researchers trying to locate data on the incidence, prevalence, determinants, costs, and natural history of digestive disorders.

CHID is available at most medical school, hospital, and government libraries, or it can be accessed through a personal subscription to BRS. In addition to epidemiologic information on digestive diseases, CHID contains bibliographic information on public health and patient education publications in other chronic disease areas, including diabetes, kidney and urologic diseases, arthritis and musculoskeletal and skin diseases, hypertension and

cardiovascular diseases, Alzheimer's disease, and AIDS.

The Digestive Diseases subfile was initiated jointly by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and the National Digestive Diseases Advisory Board. Ongoing maintenance and updating of the data base is carried out by the National Digestive Diseases Information Clearinghouse (NDDIC), a program of NIDDK.

For more information about the scope and contents of the CHID, contact the clearinghouse, Box NDDIC, Bethesda, MD 20892, telephone (301) 468-6344. For subscription information on BRS, call or write BRS, 1200 Route 7, Latham NY 12110, telephone (800) 345-4277.

Use of Environmental Health Workers Profiled

Local health agencies now employ about 20,000 persons in environmental health positions, according to a report issued by the Health Resources and Services Administration, Public Health Service.

Among the more common categories of environmental health functions in local agencies were food and water supply protection; waste water management; and nuisance, vector, and animal control. The area of greatest need for added staff was food protection. The most frequently reported need for added staff training was in hazardous waste and materials, the study indicated, even though only 30 percent of local agencies currently have hazardous and waste materials programs. Results and estimates were based on analyses of a 1987 National Environmental Health Association survey that drew responses from 931 local health agencies serving about 54 percent of the U.S. population.

The 37-page report, "Environmental Health Personnel in State and Local Agencies," is available from Division of Associated and Dental Health Professions, Room 8C-09, 5600 Fishers Lane, Rockville, MD 20857; tel. (301) 443-6896.

Secretary Announces Competition for Students of the Health Professions

Secretary of Health and Human Services Louis W. Sullivan, MD, has announced the eighth annual national competition among students of the health professions for the Secretary's Award for Innovations in Health Promotion and Disease Prevention.

The competition is open to students of health professions who are enrolled in baccalaureate or higher degree programs affiliated with the Federation of Associations of Schools of the Health Professions, cosponsor of the competition.

Winners will receive awards of \$3,000 for first place, \$2,000 for second, and \$1,000 for third. Up to 17 semifinalists will receive \$250 each. First, second, and third place papers and abstracts of the semifinal papers will be published in *Public Health Reports*.

Those eligible to compete are students of medicine, osteopathic medicine, nursing, veterinary medicine, optometry, pharmacy, podiatric medicine, public health, health administration, health education, and allied health professions.

Proposals must be presented in a paper describing an innovative health promotion or disease prevention effort appropriate for a community, at a worksite, in an educational setting, or for a special population group.

Areas of special emphasis for the 1990 competition are high blood pressure control, family planning, pregnancy and infant health, immunization, prevention of sexually transmitted diseases, control of toxic agents, occupational safety and health, accident prevention and injury control, fluoridation and dental health, prevention of infectious diseases, smoking cessation, reducing alcohol and drug abuse, physical fitness and exercise, nutrition, and control of stress and violent behavior.

Proposals will be judged on innovation in approach to health promotion and disease prevention, feasibility of approach, and potential impact on a community or target population. Research proposals are not eligible. An entry may be no longer than 2,500 words.

The deadline for submitting entries is March 15, 1990. Information on submissions may be obtained from the educational institution attended by the

author or authors. Papers are to be submitted to the institution and will be judged first by the institution and later by the professional associations. A Department of Health and Human Services panel will make final selections. The Secretary will announce the winners in July. The annual program is administered by the Health Resources and Services Administration, an agency of the Public Health Service.

Symposium on Statistical Methods Call for Abstracts

The Symposium on Statistical Methods for Evaluation of Intervention and Prevention Strategies, to be held December 5-6, 1990, has announced a call for abstracts of papers to be submitted. Abstracts must be postmarked not later than April 20, 1990.

The symposium is cosponsored by the Centers for Disease Control and the Agency for Toxic Substances and Disease Registry, of the Public Health Service. The symposium will present current research in statistical methods for evaluation and innovative applications of methods for evaluation of health program intervention and disease prevention strategies.

Papers should relate to one or more of the following evaluation areas: study design, analytic methods, statistical modeling, use of survey or surveillance data, and innovative applications of methods.

Work that is the combined effort of statisticians and other public health workers at the Federal, State, and local levels is particularly encouraged. Authors of papers accepted for presentation will be notified by July 2, 1990. Completed manuscripts must be received by October 5, 1990.

The symposium will be held at the Radisson Hotel, Courtland and Boulevard (downtown), Atlanta, GA. The symposium will be open to the public, without registration fee.

Additional information is available from Gladys H. Reynolds, PhD, CDC, Office of the Director, Mail stop D39, Atlanta, GA 30333.

Call for Public Health Dentistry Abstracts

The American Association of Public Health Dentistry has announced a call for abstracts of papers on a broad range of dental public health topics to

be presented at the annual session October 10-13, 1990, in Boston, MA.

Major topics include access to services, trends in oral diseases or conditions, preventive and educational measures, national, State, and local dental programs, delivery systems, infection control, ethics, and impact of State practice acts.

The deadline for submission of abstracts is April 1, 1990. An abstract form and information is in the Winter 1990 issue of the *Journal of Public Health Dentistry*.